The documentation for the Family Functioning Assessment – Ongoing and Progress Update shall be completed in the Continuous Child Safety and Risk Assessment (C-CSRA) tool in CHILDS. The information below outlines the specific documentation requirements for each section of the C-CSRA.

**Section I. Purpose of the Family Functioning Assessment:** A Family Functioning Assessment is required and should be updated whenever major changes in family circumstances occur and at key decision making points during the life of a case.

**A. Reason for the Family Functioning Assessment:**
- FFA-Ongoing within 60 days of case transfer OR Case Plan reassessment and revision, minimally every 6 months, including changing the permanency goal;
- Changes in household composition (additions or departures of individuals from the household);
- Indication that a child may be unsafe; including indication that a child in care has been a victim of sex trafficking or commercial sexual exploitation that did not meet report criteria;
- Considering unsupervised visits;
- Considering reunification;
- Considering case closure.

**Section II: Analysis of information and conclusions about child safety and type of intervention needed:**
Documentation in this section should be based upon information gathered during contacts with the parents, all children residing in and/or returning to the home, and out-of-home care providers. Additionally, take into consider information from extended family members, other significant persons, service providers, tribes (if applicable) and any other case participants.

**A. Six Domains of Family Functioning:**
Information documented should be organized into the relevant information domains. The information associated with a domain is sufficient when it:
- covers the principal or core issues associated with the domain (i.e., extent of maltreatment would include things listed in the definition such as kind of maltreatment, severity, symptoms);
- provides a clear picture and accurate understanding of the domain without having to refer to additional material;
- is relevant to that domain only (for example, aspects of child functioning are not described in the adult functioning domain, etc);
- is adequate, which means enough information is present to have confidence about conclusions one can reach about the domain;
- is essential to gaining a full understanding or complete picture of the domain (e.g., “child has numerous healthy peer relationships” is relevant; providing names of friends is not relevant);
- supports the caregiver protective capacity assessment;
- supports the identification of the family condition and determination of how the family condition may have resulted in impending danger;
- supports the impending danger threshold criteria;
- provides a clear rationale for the safety decision and provides confidence that the accurate safety determination was reached.

For each child and each parent, guardian, or custodian, document information to support a current assessment of the domains of family functioning. Information must be written under the related domains for each child and for each parent, guardian, or custodian.

**Extent of and circumstances surrounding the child maltreatment**

**NOTE:** Only document information gathered that is in addition to information gathered during the investigation.
- Assess for all types of maltreatment, not just the current allegation(s)
- Severity of the maltreatment
- Duration, pattern, progression of the maltreatment
- Emotional and physical symptoms
- Specific events, injuries, and circumstances
• Analysis of previous maltreatment
• History, duration, chronicity, increase in severity of maltreatment
• Influences that led to the maltreatment occurring
• Parent/caregiver’s explanation for maltreatment events or circumstances
• Parent/caregiver’s openness and truthfulness/response to DCS
• Contextual issues such as the use of objects, threats, intent, bizarre behavior
• Parent/caregiver’s acknowledgement of and attitude about the maltreatment

2. Child functioning on a daily basis
• Child’s explanation of maltreatment or events/circumstances
• Child’s understanding of family circumstances/conditions
• Ability to communicate
• Physical/dental health and healthcare
• Developmental status (cognitive and physical)
• School attendance and performance
• History of being sexually reactive/sexualized behavior
• Mood, emotion, and mental health including suicidality or homicidal thoughts/behavior
• Risk-taking behavior (substance use/sexual activity/runaway)
• Traumatic experiences other than maltreatment (e.g. witnessing violence or major loss)
• Peer/adult relationships, social outlets/activities,
• Sleeping arrangements, including assessment of infant’s sleep environment
• Sibling relationships
• Child’s perception of relationship with parent(s)
• Child’s awareness/understanding of drugs and alcohol

3. Adult functioning on a daily basis
• Income and resource management/employment patterns/housing stability
• Parent/caregiver’s history of abuse/neglect as a child
• Trauma history (e.g. sexual, victim of violence, emotionally abused)
• Criminal behavior/history
• Problem awareness and problem solving skills
• Impulse control
• Physical health and healthcare
• Mood, emotion, temperament, affect
• Cognitive ability/intellectual functioning
• Reality orientation/perception
• Dependability and maturity
• Quality of family relationships
• Coping styles/stress management/ability to meet own emotional needs
• History of or current domestic violence/power and control cycle (victim or perpetrator)
• Aggressive or violent behavior/other family violence
• Mental health (diagnoses, medications, undiagnosed mood or behavior concerns)
• Substance use (history from first use to current, use of drugs and/or alcohol in childhood home/parent’s perception of effect of substance use on current circumstances)
• Social relationships/degree of isolation/existence of positive supports
• Educational history/literacy

4. General parenting practices and discipline and behavior management
• History of protective behavior
• Ability to accurately identify threats to child safety or recognize danger
• Perception of the child
• Ability to put child’s needs before their own
• Displays concern for child
• Emotionally able to intervene to protect
- Knowledge of child development
- Tolerance of child
- Manner of responding to child
- Expresses love, empathy/sensitivity for child
- Knowledge and demonstrated skill in parenting
- Awareness of and rationale for parenting style
- History of/experience with parenting (this or other child(ren))
- Cultural practices related to parenting
- Parent is aligned with the child
- Adaptive and assertive as a parent/caregiver
- Understands own protective role and can articulate plan to protect child
- Methods of discipline
- Concepts and purpose of discipline
- Cultural practices related to discipline
- Emotional state of parent when disciplining
- Is discipline based on reasonable expectations of the child
- Self-awareness regarding the effectiveness of disciplinary approaches and parent/caregiver’s reaction(s) toward the child
- Expectations for child behavior and response
- Can explain the difference between parenting and discipline

B. Caregiver Protective Capacities

- The identification of caregiver protective capacities should be supported by the information collected and documented about the six domains of family functioning.
- Document the protective capacities of each caregiver by indicating yes, no, or unknown for each of the 19 protective capacities.
- Complete the following assessment of protective capacities for each adult caregiving member of the household. **Copy and paste the template below for each caregiver into Section II, B of the C-CSRA.**

<table>
<thead>
<tr>
<th>Caregiver name:</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BEHAVIORAL</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>History of protecting</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Takes action</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Controls impulses</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Sets aside own needs for child(ren)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Demonstrates adequate skills as caregiver</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Adaptive/ assertive as caregiver</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td><strong>COGNITIVE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plans and articulates a plan to protect the child(ren)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Is self-aware as a parent/caregiver</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Is intellectually able to fulfill responsibilities</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Recognizes threats</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Recognizes child(ren)’s needs</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Understands own protective role</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td><strong>EMOTIONAL</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meets own emotional needs</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Resilient as a caregiver</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Tolerant as a caregiver</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Is stable</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Expresses love, empathy, sensitivity for child(ren)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Is positively attached with child(ren)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Is aligned with and supports child(ren)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
C. Safety Decision:
- Safe - No child is in present or impending danger.
- Unsafe - At least one child is in impending danger.
  o List the name of each unsafe child.

Safety Plan: If a child is unsafe, a safety plan is required. The safety plan must be the least intrusive/restrictive intervention to the family and sufficient to control the safety threats (in-home, out-of-home, or combination).
- Document DPS checks for all non-DCS licensed placements in a Key Issue case notetyppe.
- Complete the hard copy safety plan agreement with the family and responsible adults. Provide a copy to parents/guardians, as well as any identified responsible adult/kinship care provider.
  o Scan the document into a Key Issue case note in CHILDS.
- Document whether an in-home safety plan, combination, or an out of home safety plan was completed with the family.
- Document the results of the in-home safety plan analysis in this box. If an out-of-home safety plan was completed, the information documented in this box should reflect why an in-home safety plan would be insufficient to manage the identified danger threats.

D. Continuous Assessment of Impending Danger
Narrative must include:
- A determination for each child, of safe or unsafe due to impending danger.
- For each child assessed as safe, document how that determination was made. Document any concerns that may have been present during the assessment, however, did not meet the safety threshold criteria. Explain why the threshold criteria were not met.
- For each child assessed to be unsafe due to impending danger, document each safety threat that exists; specifically describe each threat and how it manifests in the family.
- Each safety threat identified should relate to the information documented in the six domains of family functioning in Section II.
- Below is a list of the 16 impending danger threats and their relation to each domain, for reference:

Based on case information specific to the Extent of Maltreatment and Circumstances Surrounding Maltreatment Assessment domains:

1. Parent, guardian, or custodian leaves child alone or fails to provide adequate supervision and child is not capable of caring for self, or leaves child with persons unwilling or unable to provide adequate care, and as a result, the child is likely to suffer serious or severe harm.
2. Parent, guardian, or custodian deliberately harmed the child, has caused serious or severe harm to the child, or has made a threat to cause serious or severe harm to the child.
3. Parent, guardian, or custodian’s explanation for the child’s injury or physical condition is inconsistent with the observed or diagnosed injury or condition.
4. There is evidence of abuse or neglect and the parent, guardian, or custodian cannot produce the child, refuses access to the child, is likely to flee with the child, or is actively avoiding DCS.
5. Child sexual abuse is suspected and perpetrator access places the child in immediate serious or severe harm.
6. Physical conditions of the home are hazardous and may directly cause serious or severe harm to the child.

Based on case information specific to the Child Functioning Assessment domain:

7. Child is profoundly fearful of parent, guardian, or custodian, other family members or other people living in or having access to the home.
8. The behavior of a child living in the home threatens serious or severe harm to him/herself or to others and the parent, guardian, or custodian cannot control the behavior or is unwilling or unable to arrange or provide necessary care.

Based on case information specific to the Adult Functioning Assessment domain:
9. Parent, guardian, or custodian’s behavior is violent, bizarre, erratic, unpredictable, incoherent, or totally inappropriate and may cause serious or severe harm to the child.

10. Dynamics in the household include an adult establishing power, control, or coercion over a caregiver in a way that impairs the necessary supervision or care of the child and has caused, or will likely cause, serious or severe harm to the child’s physical, mental, or emotional health.

11. Parent, guardian or custodian is unable to perform essential parental responsibilities due to alcohol/substance use, mental health conditions, physical impairment, or cognitive limitations, and as a result, the child is likely to suffer serious or severe harm.

12. The parent, guardian, or custodian’s involvement in criminal activity or the criminal activity of any other person living in or having access to the home may result in serious or severe harm to the child.

Based on case information specific to the Parenting General and Parent Discipline Assessment domains:

13. Parent, guardian, or custodian has extremely negative perceptions of the child, and/or is hostile when talking to or about the child, and/or has extremely unrealistic expectations for the child’s behavior.

14. Parent, guardian, or custodian has not, cannot, or will not protect a child from serious or severe harm, including harm from other persons living in or having access to the home.

15. Parent, guardian, or custodian is unable or unwilling to perform essential parental responsibilities or to meet the child’s immediate needs for food, clothing, shelter, and/or medical or mental health care, which may result in serious or severe harm to the child.

16. Parent, guardian, or custodian previously threatened the safety of a child and/or caused harm to a child and circumstances indicate the person could cause serious or severe harm to the child.

Document how each observable threat meets or does not meet all five safety threshold criteria:

- **Observable Family Condition**: What is the specific behavior, emotion, attitude, perception, or situation by the parent/caretaker and/or child that can be seen and described and makes the child victim unsafe? Observable does not include suspicion and gut feeling. It can be clearly described and reported.

- **Vulnerable child**: Is the child victim unable to protect him or herself or seek protection from others, regardless of the child’s age? Is the child defenseless, exposed to behavior, conditions, or circumstances the child is powerless to manage?

- **Unmanaged**: Is there an adult in the home who is able to control the identified safety threat to the child victim? Will the safety threat continue without external intervention? Are there insufficient caregiver protective capacities to manage the danger threat?

- **Severity**: Could the threat cause or result in serious pain, injury, suffering, terror or extreme fear, impairment, or death of a child?

- **Imminent**: Is the safety threat to the child’s safety occurring now or likely to occur within the immediate to near future?